MAXIMUS Federal Services

Case Number:	CM15-0112686		
Date Assigned:	06/19/2015	Date of Injury:	12/07/2005
Decision Date:	07/20/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male, who sustained an industrial injury on 12/07/2005 secondary to a fall. On provider visit dated 04/15/2015 the injured worker has reported a recent flare-up when he felt something shift in his low back. In addition, reported an increased in difficulty walking. The injured worker was noted to remain on morphine. No objective findings were noted. The diagnoses have included L4-L5 herniated disc and status post laminectomy and disc excision right. Treatment to date has included medication. The provider requested program for weaning off medication and physical therapy for the TMJ (temporomandibular joint/jaw).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Program for weaning off medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weaning, scheduled medications (general guidelines). http://www.odg-twc.com/index.html.

Decision rationale: According to ODG, guidelines, Weaning, scheduled medications "Recommended when there is evidence of substance misuse, abuse or addiction, as indicated below. See Substance abuse (tolerance, dependence, addiction) for definitions. While the main indication as related to substance-related disorders is evidence of aberrant drug behaviors, other indications for weaning include the following: (1) Intolerable side effects; (2) Lack of significant symptomatic response to current pain medication treatment (particularly when there is evidence of increasingly escalating doses of substances known for dependence); (3) Evidence of hyperalgesia; (4) Refractory comorbid psychiatric illness; (5) Lack of sustained functional improvement related to opioid use; and/or (6) Risks exceeding benefits." Initial Evaluation: Patients considered for weaning should undergo an assessment of their general medical, psychiatric, surgical and pain treatment history, with education regarding rationale for weaning, symptoms and potential adjunctive agents or alternative treatments. Vital signs should be monitored throughout the weaning process. Urine toxicology screening may be indicated. If performed in a patient with substance-related disorder (abuse, misuse or addiction), a psychiatric evaluation may not reveal an accurate diagnosis until months after weaning is achieved. Setting for weaning: Important variables as to the setting in which weaning should occur include the presence of comorbid medical and psychiatric pathology and evidence of use of poly-pharmacy. Medical conditions that may favor inpatient detoxification include a history of significant TBI or seizures (seizure risk, delirium), cardiac disease (sympathetic hypersensitivity), significant liver or kidney disease. Psychiatric conditions potentially favoring inpatient weaning include suicidal or homicidal risks, delirium, and diagnosis of bipolar disorder and other significant psychiatric disease. Patients with alcoholism and history of delirium tremens may merit inpatient treatment. Many of the patients that are recommended for inpatient weaning are using high doses and/or multiple substances that are prescribed, and may also be using other substances such as alcohol and/or illicit substances (street drugs). Benzodiazepines and sedative-hypnotics in particular contribute to increased withdrawal symptoms, including the possibility of seizures, and a less predictable course. More intensive monitoring will be necessary when these variables are present. (TIP 40, 2004) Weaning for specific classes of drugs are listed in the following entries in the Pain Chapter: Weaning, opioids (specific guidelines); Weaning, benzodiazepines (specific guidelines); Weaning, carisoprodol (Soma); Weaning, pregabalin (Lyrica); Weaning, stimulants. See also weaning of medications (antidepressants) in the Mental Chapter. There is no documentation that the patient fulfilled the ODG requirement for a weaning program. There is no clear justification why the provider cannot do this. Therefore, the request for Program for weaning off medication is not medically necessary.

Physical Therapy for the TMJ (Temporomandibular joint/jaw), number of visits not specified (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" The patient developed TMJ that may require physical therapy. However, the need of 6 session of physical therapy cannot be justified without documentation of efficacy of the first sessions. Therefore Physical Therapy for the TMJ (Temporomandibular joint/jaw), number of visits (6), is not medically necessary.